

14873796.1  
7/2016029563

Law Enforcement and TxDOT Use ONLY.

FATAL  CMV  SCHOOL BUS  RAILROAD  MAB  SUPPLEMENT  ACTIVE SCHOOL ZONE

Total Units	1	Total Prsns.	2	TxDOT Crash ID
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Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data & Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call (844) 274-7457  
Refer to Attached Code Sheet for Numbered Fields

\*= These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured etc.)

Page 1 of 3

VEHICLE DRIVER & PERSONS  	* Crash Date (MM/DD/YYYY) <b>01/03/2016</b> *Crash Time (24HRMM) <b>0721</b> Case ID <b>C1600026</b>										Local Use																																																																																	
	* County Name <b>NUECES</b>					* City Name <b>CORPUS CHRISTI</b>					<input type="checkbox"/> Outside City Limit																																																																																	
	In your opinion, did this crash result in at least \$ 1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					Latitude (decimal degrees)					Longitude (decimal degrees)																																																																																	
	ROAD ON WHICH CRASH OCCURRED																																																																																											
	*1 Rdwy. Sys. <b>LR</b>		* Hwy. Num. <b>1</b>		2 Rdwy. Part <b>1</b>		Block Num. <b>817</b>		3 Street Prefix		+ Street Name <b>HORNE</b>		4 Street Suffix <b>RD</b>																																																																															
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot				Toll Road/ Toll Lane		Speed Limit <b>35</b>		Const. <input type="checkbox"/> Yes Zone <input type="checkbox"/> No		Workers <input type="checkbox"/> Yes Present <input type="checkbox"/> No		Street Desc.																																																																															
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																																																																											
	At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. <b>LR</b>		Hwy. Num. <b>1</b>		2 Rdwy. Part <b>1</b>		Block Num. <b>4100</b>		3 Street Prefix		Street Name <b>BARRERA</b>		4 Street Suffix <b>DR</b>																																																																													
	Distance from int. or Ref. Marker <b>50</b>			<input type="checkbox"/> FT <input type="checkbox"/> MI		3 Dir. from int. or Ref. Marker <b>E</b>		Reference Marker		Street Desc.		RRX Num.																																																																																
	Unit Num. <b>1</b>	5 Unit Desc. <b>1</b>	<input type="checkbox"/> Parked Vehicle	<input checked="" type="checkbox"/> Hit and Run	LP State <b>TX</b>	LP Num. <b>CX9H331</b>	VIN <b>KNAFE121355176586</b>																																																																																					
Veh. Year <b>2005</b>	6 Veh. Color <b>GLD</b>	Veh. Make <b>KIA MOTORS</b>	Veh. Model <b>SPECTRA</b>	7 Body Style <b>P4</b>	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																																																																																							
8 DL/ID Type <b>1</b>	DL/ID State <b>TX</b>	DL/ID Num. <b>38855291</b>	9 DL Class <b>C</b>	10 CDL End. <b>96</b>	11 DL Rest. <b>96</b>	DOB (MM/DD/YYYY) <b>01/19/1995</b>																																																																																						
Address (Street, City, State, ZIP) <b>3614 CUB ST, CORPUS CHRISTI, TX 78405</b>																																																																																												
<table border="1"> <tr> <td>Person Num.</td> <td>12: Rslt. Type</td> <td>13: Seat Position</td> <td colspan="5">Name: Last, First, Middle Enter Driver Or Primary Person for this Unit on first line</td> <td>14: Injury Severity</td> <td>15: Age</td> <td>16: Ethnicity</td> <td>18: Sex</td> <td>17: Effect</td> <td>18: Restr.</td> <td>19: Airbag</td> <td>20: Helmet</td> <td>21: Sol.</td> <td>22: Acc. Spec.</td> <td>23: Drug Spec.</td> <td>24: Drug Result</td> <td>25: Drug Category</td> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> <td colspan="5"><b>HERNANDEZ, CARLOS</b></td> <td>N</td> <td>20</td> <td>H</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> <td>97</td> <td>N</td> <td>96</td> <td>96</td> <td>97</td> <td>97</td> </tr> <tr> <td>2</td> <td>2</td> <td>1</td> <td colspan="5"><b>SANDOVAL, DAVID</b></td> <td>N</td> <td>18</td> <td>H</td> <td>1</td> <td>1</td> <td>96</td> <td>2</td> <td>97</td> <td>N</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="15">Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each unit.</td> </tr> </table>															Person Num.	12: Rslt. Type	13: Seat Position	Name: Last, First, Middle Enter Driver Or Primary Person for this Unit on first line					14: Injury Severity	15: Age	16: Ethnicity	18: Sex	17: Effect	18: Restr.	19: Airbag	20: Helmet	21: Sol.	22: Acc. Spec.	23: Drug Spec.	24: Drug Result	25: Drug Category	1	1	1	<b>HERNANDEZ, CARLOS</b>					N	20	H	1	1	1	1	97	N	96	96	97	97	2	2	1	<b>SANDOVAL, DAVID</b>					N	18	H	1	1	96	2	97	N					Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each unit.														
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<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Lessee		Owner/Lessee name & Address <b>SAUCEDA, GENEVIEVE AMANDA 650 GLAZEBROOK ST, CORPUS CHRISTI, TX 78404</b>																																																																																										
Proof of Fin. Resp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Expired <input type="checkbox"/> No <input type="checkbox"/> Exempt		26 Fin. Resp. Type		Fin. Resp. Name					Fin. Resp. Num.																																																																																			
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 <b>S L B Q 6</b>		27 Vehicle Damage Rating 2					Vehicle inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																			
Towed By <b>APOLLO TOWING</b>		Towed To <b>6342 HARWICK DR</b>																																																																																										
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Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2					Vehicle inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																			
Towed By		Towed To																																																																																										

EXHIBIT

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HRMM)				
							/ /		/ /				
							/ /		/ /				
							/ /		/ /				
							/ /		/ /				
							/ /		/ /				
							/ /		/ /				
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							/ /		/ /				
CHARGES	Unit Num.	Prsn. Num.	Charge						Citation/Reference Num.				
	1	1	UNSAFE CHANGE FROM A DIRECT COURSE						016160				
	1	1	FAIL TO REMAIN AND REPORT AN ACCIDENT						016160				
	1	1	FAIL TO MAINTAIN FINANCIAL RESPONSIBILITY						016160				
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address						
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS. <input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL <input type="checkbox"/> 9+ CAPACITY			CMV Disabling Damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.					
	Carrier's Corp. Name			Carrier's Primary Addr.							30 Veh. Type		
	31 Bus Type		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat	<input type="checkbox"/> Yes <input type="checkbox"/> Released	32 HazMat Class Num.	32 HazMat ID Num.	32 HazMat Class Num.	32 HazMat ID Num.	33 Cargo Body Style			
	Trailer 1 Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trir. Type	<input type="checkbox"/> CMV Disabling Damage? Yes <input type="checkbox"/> No <input type="checkbox"/>	Trailer 2 Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trir. Type	<input type="checkbox"/> CMV Disabling Damage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4								
	FACTORS & CONDITIONS	36 Contributing factors (Investigator's Opinion)			37 Vehicle Defects (Investigator's Opinion)			Environmental and Roadway Conditions					
		Unit Num.	Contributing	May Have Contrib.	Contributing	May Have Contrib.	38	39	40	41	42	43	44
		1	22	23			Weather Cond.	Light Cond.	Entering Roads	Roadway Type	Roadway Alignment	Surface Condition	Traffic Control
							2	1	97	1	4	2	11
	NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)						Field Diagram - Not to Scale					
On Sunday 1-3-16 at about 0728 hours I, A120 S/O R. Cruz 8412 was dispatched to the area of Horne Rd. and Barrera Dr. in reference to a single vehicle major traffic crash.						Indicate North							
Upon arrival I observed Vehl- a tan 2005 Kia Spectra Tx. CX9-H331 had left the West bound roadway and jumped the curb at about 817 Horne Rd. Vehl struck a brown AEP power line pole. The pole was located on the Gabe Lozano golf course side of the roadway. The pole that was struck was broken in two pieces and was hanging over the Horne Rd. West bound right lane. The next brown power line pole just West of the broken one was not struck, but was bent and also leaning toward the Horne Rd. West bound right lane.													
I observed David Sandoval (18 years old) standing next to the rear area of Vehl speaking to CCFD medics. Medics informed me when they arrived, David was crawling over													
Time Notified (24HRMM)		0 7 2 8	How Notified	DISPATCH			Time Arrived (24HRMM)	0 7 3 1	Report Date (MM/DD/YYYY)	0 1 / 0 3 / 2 0 1 6			
Invest. <input type="checkbox"/> Yes Comp. <input type="checkbox"/> No		Investigator Name (Printed)			CRUZ, RENE						ID Num. 8412		
ORI Num. T X 1 7 8 0 2 0 0		* Agency CORPUS CHRISTI POLICE DEPARTMENT						Service/Region/DA			A		

* Crash Date (MM/DD/YYYY) <b>0 1 / 0 3 / 2 0 1 6</b>	* Crash Time (24HRMM) <b>0 7 2 1</b>	* County Name <b>NUECES</b>
* City Name <b>CORPUS CHRISTI</b>	* 1 Rdwy. Sys. <b>LR</b>	* Hwy. Num.
* Street Name <b>HORNE</b>		
ORI Num. <b>T X 1 7 8 0 2 0 0</b>	* Agency <b>CORPUS CHRISTI POLICE DEPARTMENT</b>	
Service/ Region/DA <b>A</b>		

**NARRATIVE/CONTINUATION**

from the front passengers seat side to exit Vehl through the drivers door. I observed David had a large red bump with scratch marks on his top left forehead area. I also observed both of David's hands had some minor bleeding, possibly due to the shattered glass from Vehl. David appeared a little dazed and shook up. David declined Medical transport.

I spoke to David and he stated that he and his cousin SU1- Carlos Hernandez went last night to Carlos's friends house for a little get together. David stated it was close by but he did not know the address. David stated they had been drinking Budweiser beer. David stated that he and Carlos had just left the friend's house. David stated Carlos was driving Vehl and he was the front seat passenger. David stated that they were driving West on Horne Rd. and that all of a sudden Carlos crashed. David stated he hit his head on something and had become dizzy. David stated Carlos exited the drivers door and left the accident scene by running away. David stated his front passengers door was stuck and would not open.

Carlos left David in Vehl and did not attempt to stay and render aid. Carlos did not call Police or make an attempt to go by a near by house and get help for David who was still in Vehl when Carlos left running.

Several minutes later, Santos Lopez arrived and stated his son Carlos had just called him and told him he had been in a crash. Santos looked at Vehl and confirmed it belonged to Carlos. Santos then gave David a ride home.

I observed a 12oz Budweiser beer bottle that had beer spilling out of it on the front passengers side floorboard area. I also observed a brown wallet on the drivers side floorboard area that contained Carlos Hernandez's drivers license. (The wallet was tagged and placed in the CCPD property room by S/O Bruns).

Vehl was impounded and a hold was authorized by Lt. Fraizer.

Photos taken by S/O Bruns.

## Texas Peace Officer's Crash Report - Code Sheet

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Page 1 of 2

Law Enforcement and TxDOT Use ONLY.  
Form CR-3CS 1/1/2015

IDENTIFICATION AND LOCATION	1. Roadway System			2. Roadway Part			3. Street Prefix, Direction from Int. or Ref. Marker			4. Street Suffix				
	IH = Interstate US = US Highway SH = State Highway FM = Farm to Market RR = Ranch Road RM = Ranch to Market BI = Business Interstate BU = Business US BS = Business State BF = Business FM SL = State Loop	TL = Toll Road AL = Alternate SP = Spur CR = County Road PR = Park Road PV = Private Road RC = Recreational Road LR = Local Road/Street (Street, Road, Ave., Blvd., Pl., Trl., Beach, Alley, Boat Ramp, etc.)	1 = Main/Proper Lane 2 = Service/Frontage Road 3 = Entrance/On Ramp 4 = Exit/Off Ramp 5 = Connector/I-Over 98 = Other (Explain in Narrative)	N = North NE = Northeast E = East SE = Southeast S = South SW = Southwest W = West NW = Northwest	RD = Road ST = Street DR = Drive AVE = Avenue BLVD = Boulevard PKWY = Parkway LN = Lane FWY = Freeway HWY = Highway WAY = Way TRL = Trail	LOOP = Loop EXPY = Expressway CT = Court CIR = Circle PL = Place PARK = Park CV = Cove								
VEHICLE, DRIVER, AND PERSONS	5. Unit Description 1 = Motor Vehicle 2 = Train 3 = Pedalcyclist 4 = Pedestrian 5 = Motorized Conveyance 6 = Towed/Trailer 7 = Non-Contact 98 = Other (Explain in Narrative)	6. Vehicle Color BGE = Beige BLK = Black BLU = Blue BRZ = Bronze BRO = Brown CAM = Camouflage CPR = Copper GLD = Gold GRY = Gray GRN = Green MAR = Maroon MUL = Multicolored ONG = Orange	PNK = Pink PLE = Purple RED = Red SIL = Silver TEA = Teal (green) TRQ = Turquoise (blue) WHI = White YEL = Yellow 98 = Other (Explain in Narrative)	7. Body Style P2 = Passenger Car, 2-Door P4 = Passenger Car, 4-Door PK = Pickup AM = Ambulance BU = Bus SB = Yellow School Bus FE = Farm Equipment FT = Fire Truck VN = Van MC = Motorcycle SV = Sport Utility Vehicle	PC = Police Car/ Truck PM = Police Motorcycle TL = Trailer, Semi-Trailer, or Pole TR = Truck TT = Truck Tractor VN = Van 98 = Other (Explain in Narrative)	8. Driver License/ID Type 1 = Driver License 2 = Commercial Driver Lic. 3 = Occupational 4 = ID Card 5 = Unlicensed 98 = Other 99 = Unknown	9. Driver License Class A = Class A AM = Class A and M B = Class B BM = Class B and M C = Class C CM = Class C and M M = Class M 5 = Unlicensed 98 = Other/Out of State 99 = Unknown	10. Commercial Driver License Endorsements H = Hazardous Materials N = Tank Vehicles P = Passengers S = School Bus T = Double/Triple Trailer X = Tank Vehicle with HazMat 5 = Unlicensed 96 = None 98 = Other/Out of State 99 = Unknown						
	11. Driver License Restrictions A = With corrective lenses B = LOFS 21 or over C = Daytime only D = Not to exceed 45 MPH E = No expressway driving F = Must hold valid learner lic to MM/DD/YY G = TRC 545.424 applies until MM/DD/YY H = Vehicle not to exceed 26,000 lbs GVWR I = MC not to exceed 250 CC J = Licensed MC operator 21 or over in sight K = Moped L = Vehicle without airbrakes M = CDL Intrastate only N = Ignition interlock required O = Occ./Essent. need DL-No CMV-see court order Q = LOFS 21 or over vehicle above Class B R = LOFS 21 or over vehicle above Class C													
	S = Outside rearview mirror or hearing aid T = Automatic transmission U = Applicable prosthetic device V = Medical variance documentation required W = Power steering X = Vehicle not to exceed Class C Y = Valid TX vision or limb waiver required Z = Applicable vehicle devices P1 = For Class M TRC 545.424 until MM/DD/YY P2 = To/From work/school P3 = To/From work P4 = To/From school P5 = To/From work/school or a LOFS 21 or over P6 = To/From work or LOFS 21 or over P7 = To/From school or LOFS 21 or over P8 = With telescopic lens P9 = LOFS 21 or over bus only P10 = LOFS 21 or over school bus only													
	12. Person Type 1 = Driver 2 = Passenger/Occupant 3 = Pedalcyclist 4 = Pedestrian 5 = Driver of Motorcycle Type Vehicle 6 = Passenger/Occupant on Motorcycle Type Vehicle 98 = Other (Explain in Narrative) 99 = Unknown			13. Seat Position 1 = Front Left 2 = Front Center 3 = Front Right 4 = Second Seat Left 5 = Second Seat Center 6 = Second Seat Right 7 = Third Seat Left 8 = Third Seat Center 9 = Third Seat Right			10 = Cargo Area 11 = Outside Vehicle 13 = Other in Vehicle 14 = Passenger in Bus 16 = Pedestrian, Pedalcyclist, or Motorized Conveyance 98 = Other (Explain in Narrative)			P11 = Bus not to exceed 26,000 lbs GVWR P12 = Passenger CMVs restrict to Class C only P13 = LOFS 21 or over in veh equip w/o airbrakes P14 = Operation Class B exempt veh authorized P15 = Operation Class A exempt veh authorized P16 = If CMV, school bus interstate P17 = If CMV, government vehicles interstate P18 = If CMV, only trans personal prop interstate P19 = If CMV, trans corpse/sick/injured interstate P20 = If CMV, privately trans passengers interstate P21 = If CMV, fire/rescue interstate P22 = If CMV, intra-city zone drivers interstate P23 = If CMV, custom-harvesting interstate P24 = If CMV, transporting bees/hives interstate P25 = If CMV, use in oil/water well serv/drill P26 = If CMV, for operation of mobile crane P27 = HME expiration date MM/DD/YY P28 = FRSI CDL valid MM/DD/YY to MM/DD/YY P29 = FRSI CDL MM/DD/YY - MM/DD/YY or exempt B veh P30 = FRSI CDL MM/DD/YY - MM/DD/YY or exempt A veh P31 = Class C only - no taxi/bus/emergency veh P32 = Other 5 = Unlicensed 96 = None 98 = Other/Out of state 99 = Unknown				
	14. Injury Severity A = Incapacitating Injury B = Non-Incapacitating Injury C = Possible Injury K = Killed N = Not Injured 99 = Unknown		15. Ethnicity W = White B = Black H = Hispanic A = Asian I = Amer. Indian/Alaskan Native 98 = Other 99 = Unknown		16. Sex 1 = Male 2 = Female 99 = Unknown		17. Ejected 1 = No 2 = Yes 99 = Unknown		18. Restraint Used 1 = Shoulder and Lap Belt 2 = Shoulder Belt Only 3 = Lap Belt Only 4 = Child Seat, Facing Forward 5 = Child Seat, Facing Rear 6 = Child Seat, Unknown		19. Airbag 1 = Not Deployed 2 = Deployed, Front 3 = Deployed, Side 4 = Deployed, Rear 5 = Deployed, Multiple 97 = Not Applicable 99 = Unknown			
	20. Helmet Use 1 = Not Worn 2 = Worn, Damaged 3 = Worn, Not Damaged 4 = Worn, Unk. Damage 97 = Not Applicable 99 = Unknown if Worn		21. Solicitation Y = Solicit N = No Solicit		22. Alcohol Specimen Type 1 = Breath 2 = Blood 3 = Urine 4 = Refused 96 = None 98 = Other (Explain in Narrative)		23. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)		24. Drug Specimen Type 2 = Blood 3 = Urine 4 = Refused 96 = None 98 = Other (Explain in Narrative)		25. Drug Category 2 = CNS Depressants 3 = CNS Stimulants 4 = Hallucinogens 6 = Narcotic Analgesics 7 = Inhalants 8 = Cannabals 10 = Dissociative Anesthetics 11 = Multiple Drugs (Explain in Narrative) 97 = Not Applicable 98 = Other Drugs (Explain in Narrative) 99 = Unknown		26. Financial Responsibility Type 1 = Liability Insurance Policy 2 = Proof of Liability Insurance 3 = Insurance Binder 4 = Surety Bond 5 = Certificate of Deposit with Comptroller 6 = Certificate of Deposit with County Judge 7 = Certificate of Self-Insurance	
	27. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)		28. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)		29. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)		30. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)		31. Vehicle Damage Rating In most cases, enter in the format XX-ABC-Y, where XX is the Direction of Force (1-12), ABC is the Damage Description 2- or 3-letter code), and Y is the Damage Severity (0-7). In special cases, use: VB-1 = vehicle burned, NOT due to collision VB-7 = vehicle catches fire due to the collision TP-0 = top damage only VX-0 = undercarriage damage only MC-1 = motorcycle, moped, scooter, etc. NA = Not Applicable (Farm Tractor, etc.)					
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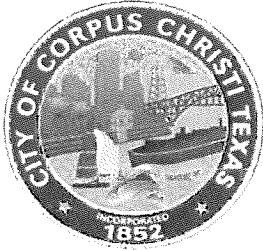
Texas Peace Officer's Crash Report - Code Sheet

Numbered Fields on the CR-3 Refer to the Numbered Lists on this Code Sheet. Each list includes the codes that may be entered on the form and the description of each code.

Page 2 of 2

Law Enforcement and TxDOT Use ONLY.  
Form CR-3CS 1/1/2015

COMMERCIAL MOTOR VEHICLE	28. Vehicle Operation 1 = Interstate Commerce 2 = IntraState Commerce 3 = Not in Commerce 4 = Government 5 = Personal	29. Carrier ID Type. 1 = US DOT 2 = TxDOT 3 = ICC/MC 96 = None 98 = Other (Explain in Narrative)	30. Vehicle Type 1 = Passenger Car 2 = Light Truck 3 = Bus (9-15) 4 = Bus (>15) 5 = Single Unit Truck 2 Axles 6 Tires 6 = Single Unit Truck 3 or More Axles 7 = Truck Trailer 8 = Truck Tractor (Bobtail) 9 = Tractor/Semi Trailer 10 = Tractor/Double Trailer 11 = Tractor/Triple Trailer 98 = Other (Explain in Narrative) 99 = Unknown Heavy Truck	31. Bus Type 0 = Not a Bus 1 = School (Public or Private) 2 = Transit 3 = Intercity 4 = Charter 5 = Other 6 = Shuttle 9 = Not Reported/ Unknown	32. Hazardous Material Class Number 1 = Explosives 2 = Gases 3 = Flammable Liquids 4 = Flammable Solids 5 = Oxidizers and Organic Peroxides 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Materials 9 = Miscellaneous Dangerous Goods		
	33. Cargo Body Style 1 = Bus (9-15) 2 = Bus (>15) 3 = Van/Enclosed Box 10 = Grain Chips Gravel 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete			34. Trailer Type 8 = Auto Transporter 9 = Garbage Refuse 97 = Not Applicable 98 = Other (Explain in Narrative)			
	35. Sequence of Events 1 = Non-Collision: Ran Off Road 2 = Non-Collision: Jackknife 3 = Non-Collision: Overturn Rollover 4 = Non-Collision: Downhill Runaway 5 = Non-Collision: Cargo Loss Or Shift 6 = Non-Collision: Explosion Or Fire 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Centerline			17 = Collision Involving Animal 18 = Collision Involving Fixed Object 19 = Collision With Work Zone Maintenance Equipment 20 = Collision With Other Movable Object 21 = Collision With Unknown Movable Object 98 = Other (Explain in Narrative)			
	36. Factors and Conditions 1 = Animal on Road - Domestic 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 14 = Disabled in Traffic Lane 15 = Disregard Stop and Go Signal 16 = Disregard Stop Sign or Light 17 = Disregard Turn Marks at Intersection 18 = Disregard Warning Sign at Construction 19 = Distraction in Vehicle 20 = Driver Inattention 21 = Drove Without Headlights 22 = Failed to Control Speed 23 = Failed to Drive in Single Lane 24 = Failed to Give Half of Roadway 25 = Failed to Heed Warning Sign 26 = Failed to Pass to Left Safely 27 = Failed to Pass to Right Safely 28 = Failed to Signal or Gave Wrong Signal 29 = Failed to Stop at Proper Place 30 = Failed to Stop for School Bus 31 = Failed to Stop for Train 32 = Failed to Yield ROW - Emerge			33 = Failed to Yield ROW - Open Intersection 34 = Failed to Yield ROW - Private Drive 35 = Failed to Yield ROW - Stop Sign 36 = Failed to Yield ROW - To Pedestrian 37 = Failed to Yield ROW - Turning Left 38 = Failed to Yield ROW - Turn on Red 39 = Failed to Yield ROW - Yield Sign 40 = Fatigued or Asleep 41 = Faulty Evasive Action 42 = Fire in Vehicle 43 = Fleeing or Evading Police 44 = Followed Too Closely 45 = Had Been Drinking 46 = Handicapped Driver (Explain in Narrative) 47 = Ill (Explain in Narrative) 48 = Impaired Visibility (Explain in Narrative) 49 = Improper Start from Parked Position 50 = Load Not Secured 51 = Opened Door Into Traffic Lane 52 = Oversized Vehicle or Load 53 = Overtake and Pass Insufficient Clearance 54 = Parked and Failed to Set Brakes 55 = Parked in Traffic Lane			
	37. Vehicle Defects 5 = Defective or No Headlamps 6 = Defective or No Stop Lamps 7 = Defective or No Tail Lamps 8 = Defective or No Turn Signal Lamps 9 = Defective or No Trailer Brakes 10 = Defective or No Vehicle Brakes 11 = Defective Steering Mechanism 12 = Defective or Slick Tires 13 = Defective Trailer Hitch 98 = Other (Explain in Narrative)			38. Weather Condition 1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet/Hail 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 98 = Other (Explain in Narrative) 99 = Unknown		39. Light Condition 1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dawn 6 = Dusk 98 = Other (Explain in Narrative) 99 = Unknown	40. Entering Roads 2 = Three Entering Roads - T 3 = Three Entering Roads - Y 4 = Four Entering Roads 5 = Five Entering Roads 6 = Six Entering Roads 7 = Traffic Circle 8 = Cloverleaf 97 = Not Applicable 98 = Other (Explain in Narrative)
	41. Roadway Type 1 = Two-Way, Not Divided 2 = Two-Way, Divided, Unprotected Median 3 = Two-Way, Divided, Protected Median 4 = One-Way 98 = Other (Explain in Narrative)		42. Roadway Alignment 1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 98 = Other (Explain in Narrative) 99 = Unknown	43. Surface Condition 1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Slush 6 = Ice 7 = Sand, Mud, Dirt 98 = Other (Explain in Narrative) 99 = Unknown	44. Traffic Control 1 = Inoperative (Explain in Narrative) 3 = Officer 4 = Flagman 5 = Signal Light 6 = Flashing Red Light 7 = Flashing Yellow Light 8 = Stop Sign 9 = Yield Sign 99 = Unknown	11 = Center Stripe/Divider 12 = No Passing Zone 13 = RR Gate/Signal 15 = Crosswalk 16 = Bike Lane 17 = Marked Lanes 18 = Signal Light With Red Light Running Camera 96 = None 98 = Other (Explain in Narrative)	



State of Texas  
County of Nueces

## AFFIDAVIT

Before me, the undersigned authority, personally appeared Michelle Cullison, who, being by me duly sworn, deposed as follows:

My name is Michelle Cullison. I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of the Corpus Christi Police Department. Attached hereto are **5 pages** of records from the Corpus Christi Police Department. These **5 pages** of records are kept by the Corpus Christi Police Department in the regular course of business of the Corpus Christi Police Department, and it was the regular course of business of the Corpus Christi Police Department for an employee or representative of the Corpus Christi Police Department, with knowledge of the act, event, condition, opinion or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

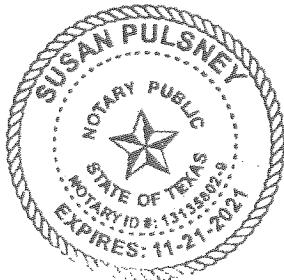
CCPD Records Requested: Accident report #C1600026



Affiant

State of Texas  
County of Nueces

On this 20 day of February, 2018. I attest that the attached document(s) and the duplicate kept in my notarial records are true and exact copies made by me from the original document described as Corpus Christi Police Department Records, presented to me by the holder of the document, the Corpus Christi Police Department, and requested to be copied, and that, to the best of my ability to determine, the original document is neither a public record nor a publicly recordable document.



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Notary Public, State of Texas